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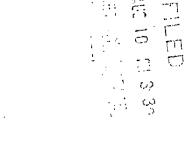
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Special Instructions to Filing Officer:





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AUG 11 2015 S. YOUNG

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Aviation Charter Ex	_							
SOBJECT.		Name of Limited Liability Company							
		eign Limited Liability Comp d to register the above refere							
Please return	all correspondence c	oncerning this matter to the	following:						
	Travis Stein or	Jim Sponder							
	Name of Person Aviation Charter Expert Solutions, LLC								
		Fi	rm/Company						
	2500 Keokuk A	venue							
			Address	<u> </u>					
	Sioux City, IA	51111			.•				
		City/St	ate and Zip Code	!			1 1		
	tstein@top-aces.c	com, jsponder@top-aces.cor	n & mbeckner@t	op-aces.com	m		j		
		E-mail address: (to be used	for future annua	report not	ification)	<u> </u>			
For further in	nformation concerning	g this matter, please call:				- (A) (B)			
Tra	vis Stein		712 at (202-232	21				
	Name o	f Contact Person	Area Code	Day	time Telephone Nur	mber			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			;				
	a check for the follow \$125.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filii Certified Copy	ng Fee &	□ \$160.00 Filing of Status & Certif				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.") ACES, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C.") Jowa (Ourisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905; F.S. to determine penalty liability) 5. 3050 Airmans Drive Fort Pierce, FL 34946 (Street Address of Principal Office) (Street Address of Principal Office) Name: Jim Sponder Office Address: Jim Sponder Office Address: Jim Sponder Office Address: Office Address: Office a gent and to accept service of process for the above stated corporation at the place designates this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dudies, and I am familiar with and acc the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Jim Sponder, CEO, 2500 Keokuk Avenue, Sioux City, IA 51111 Travis Stein, COO, 2500 Keokuk Avenue, Sioux City, IA 51111 Travis Stein, COO, 2500 Keokuk Avenue, Sioux City, IA 51111 Travis Stein, COO, 2500 Keokuk Avenue, Sioux City, IA 51111 Signature of an authorized person	1. Aviation Charter Expen				
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limbility Company," "L.L.C," or "L.L.C.") 2 lowa (Jurisdiction under the law of which foreign limited liability company is organized) 4. 3/14/2015 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 3050 Airmans Drive Fort Pierce, FL 34946 (Street Address of Principal Office) 5. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Office Address: Office Address: Fort Pierce Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated this application, thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and acc the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Jim Sponder, CEO, 2500 Keokuk Avenue, Sioux City, IA 51111 Travis Stein, COO, 2500 Keokuk Avenue, Sioux City, IA 51111 7. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in this purisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under of of the translator must be submission.		eign Limited Liability Company; mu	ust include "Limit	ed Liability Company," "L.L.C.," o	or "LLC.")
Company is organized) A 3/16/2015 (See sections 605.0904 & 603.0905, F.S. to determine penalty liability) (See sections 605.0904 & 603.0905, F.S. to determine penalty liability) 5. 3050 Airmans Drive Fort Pierce, FL 34946 (Street Address of Principal Office) 6. 2500 Keokuk Avenue Sioux City, IA 51111 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Jim Sponder Office Address: 3050 Airmans Drive Fort Pierce , Florida 34946 (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and acc the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Jim Sponder, CEO, 2500 Keokuk Avenue, Sioux City, IA 51111 Travis Stein, COO, 2500 Keokuk Avenue, Sioux City, IA 51111 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate must be submitted)	(If name unavailable, enter a		ose of transacting b	ousiness in Florida. The alternate na	ame must include "Limited
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Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury	Д				

the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third

Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

Travis Stein, COO

IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Date: 6/25/2015

Name: AVIATION CHARTER EXPERT SOLUTIONS, LLC (489DLC - 453207)

Date of Incorporation: 3/7/2013

Duration: PERPETUAL

- I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:
 - a. The entity is in existence and duly incorporated under the laws of Iowa.
 - b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
 - c. The most recent biennial report required has been filed with the Secretary of State.
 - d. The Secretary of State has not administratively dissolved the limited liability company.
 - e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS109947

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State